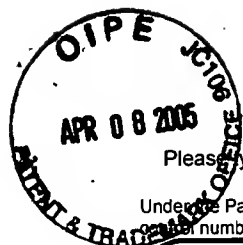


04-11-05

3731

Attorney Docket No.: 50623.00061

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/997,450
		Filing Date	November 30, 2001
		First Named Inventor	Shamim M. Malik
		Group Art Unit	3731
		Examiner Name	Uyen T. Ho
Total Number of Pages in This Submission	13	Attorney Docket Number	50623.00061

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response to Office Action (8 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (in duplicate) <input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 and References <input checked="" type="checkbox"/> Certificate of Mailing <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings Formal ____ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan, Jr. Ph.D. Reg. No.: 43,066
Signature	
Date	April 8, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date April 8, 2005			
Typed or printed name	Patricia Gamble		
Signature		Date	April 8, 2005

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<div style="text-align: center; font-size: 24pt; font-weight: bold;">FREE TRANSMITTAL</div> <div style="text-align: center; font-size: 20pt; font-weight: bold;">for FY 2005</div> <div style="text-align: center; font-size: 12pt;"> APR 08 2005 Effective 10/01/2004. Patent fees are subject to annual revision. </div> <div style="text-align: center; font-size: 10pt;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;"> TOTAL AMOUNT OF PAYMENT (\$) 1900.00 </div>	<div style="text-align: right; font-weight: bold; font-size: 10pt;">Complete If Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/997,450</td> </tr> <tr> <td>Filing Date</td> <td>November 30, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Shamim M. Malik</td> </tr> <tr> <td>Examiner Name</td> <td>Uyen T. Ho</td> </tr> <tr> <td>Ari Unit</td> <td>3731</td> </tr> <tr> <td>Attorney Docket No.</td> <td>50623.00061</td> </tr> </table>	Application Number	09/997,450	Filing Date	November 30, 2001	First Named Inventor	Shamim M. Malik	Examiner Name	Uyen T. Ho	Ari Unit	3731	Attorney Docket No.	50623.00061
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<div style="text-align: center; font-weight: bold; font-size: 10pt;">METHOD OF PAYMENT (check all that apply)</div> <div style="font-size: 8pt;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order </div> <div style="font-size: 8pt;"> <input checked="" type="checkbox"/> Deposit Account: </div> <div style="margin-top: 10px;"> Deposit Account Number: 07-1850 Deposit Account Name: Squire, Sanders & Dempsey L.L.P. </div> <div style="font-size: 8pt;"> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </div> <div style="text-align: center; font-weight: bold; font-size: 10pt;">FEE CALCULATION</div> <div style="font-size: 8pt; font-weight: bold;">1. BASIC FILING FEE</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>300</td> <td>2001</td> <td>150</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>200</td> <td>2002</td> <td>100</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>200</td> <td>2003</td> <td>100</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>300</td> <td>2004</td> <td>150</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>200</td> <td>2005</td> <td>100</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td style="border: 1px solid black; text-align: center;">(\$)</td> </tr> </tbody> </table> <div style="font-size: 8pt; font-weight: bold;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</div> <div style="font-size: 8pt;"> Total Claims: 44 -22** = 22 X 50 = 1100 Independent Claims: 11 -7** = 4 X 200 = 800 Multiple Dependent: X = 0 </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td style="border: 1px solid black; text-align: center;">(\$) 1900.00</td> </tr> </tbody> </table> <div style="font-size: 8pt;">**or number previously paid, if greater; For Reissues, see above</div>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	300	2001	150	Utility filing fee		1002	200	2002	100	Design filing fee		1003	200	2003	100	Plant filing fee		1004	300	2004	150	Reissue filing fee		1005	200	2005	100	Provisional filing fee		SUBTOTAL (1)					(\$)	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims over original patent		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 1900.00	<div style="text-align: center; font-weight: bold; font-size: 10pt;">FEE CALCULATION (continued)</div> <div style="font-size: 8pt; font-weight: bold;">3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Charles E. Ruyman, Jr. Ph.D.	Registration No. (Attorney/Agent)	43,066	Telephone	(415) 954-0200
Signature				Date	April 8, 2005

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AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Malik et al.

Docket No.

50623.61

Serial No.

09/997,450

Filing Date

November 30, 2001

Examiner

Uyen T. Ho

Group Art Unit

3731

Invention:

Modified Surface for an Implantable Device in the Method of Producing the Same

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

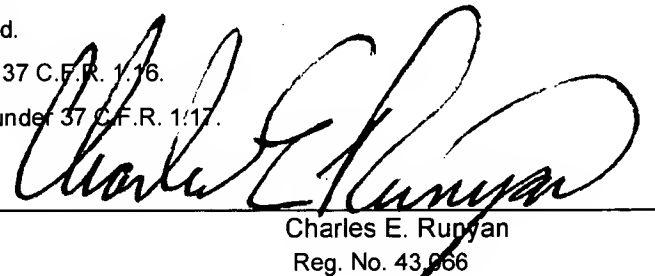
The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	44	22	22	X \$50.00	\$1100.00
INDEP. CLAIMS	11	7	4	X \$200.00	\$ 800.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1900.00

- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. **07-1850** in the amount of **\$1900.00**
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

Dated: April 8, 2005
Squire, Sanders & Dempsey L.L.P.
1 Maritime Plaza, Suite 300
San Francisco, CA 94111
(415) 954-0200


Charles E. Runyan
Reg. No. 43,666

cc: Docket:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of: Malik et al.	Examiner: Uyen T. Ho
Serial No.: 09 /997 450	Art Unit: 3731
Filed: November 30, 2001	
Title: Modified Surface for an Implantable Device in the Method of Producing the Same	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Ho:

This responds to the Office Action dated January 10, 2005.

Amendments to the claims begin on page 2.

Remarks begin on page 7.

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01 FC:1201 800.00 DA
02 FC:1202 1100.00 DA